

EXPLORING SOLUTIONS GROUP REFERRAL FORM

GROUP PREFERENCE:

___ men
___ women
___ couple

Client's Name: _____

Phone # (Work) _____ Home _____

Cell _____

Client's Occupation: _____

DATE OF REFERRAL:

Spouse's Name: _____

Phone # (Work) _____ Home _____

Cell _____

Family Name:

Spouse's Occupation: _____

Referral Source:

Client and Spouse's Address: (list more than one if required)

To Register:

Email to:

Janet Wagar:
janetwagar@shaw.ca

Janie Christensen:
christensenjanie@hotmail.com

Or Fax: Janet Wagar at
403-270-8789

[If you have any questions
please email or call:](#)

[Janet Wagar:](#)
[403-606-4493](#)

[Janie Christensen:](#)
[403-818-3794](#)

Reason for Referral & Goals of Counselling:

Children's Names, Ages and Grades:

